

REGISTRATION FORM

Registration Process – please read carefully

Enrollment limit: 100 first come-first served. (Those registrants who have not previously attended a workshop will have preference.) If you have attended before, but are bringing a newcomer, you will be given preference.

If you register before March 21 the fee is 200.00. If you register after March 21 the fee is 210.00

You must cancel at least two weeks prior to the workshop to receive a full refund. You may also send a substitute in your place if you are unable to attend. Only one person may register per form. Please photocopy for additional registrations. No registrations will be accepted by telephone or at the workshop.

Email address _____

(PLEASE PRINT)

Name _____

Phone Day (____) _____ Eve (____) _____

Address _____

City/State/Zip _____

The applicant, by signing below, recognizes that the program involves some risk and that she/he takes responsibility for all action or injury that may result by participating.

Signature _____

☐ Female

☐ Male

☐ Please check this box if you have been a past participant.

CONCURRENT SESSIONS: Participants are enrolled into a total of four sessions for the weekend. Select your first (1), second (2) and third (3) choice in EACH SESSION. Each session is four hours long. You will not be placed in the same class twice unless you request a repeat of a class. Please pay attention to prerequisites. Write your choice on the blank line by number. First choice = 1, etc.

Please make three choices for each session (in the event a selection is full). Classes fill quickly. We do our best to give you your first choices - that is not always possible. Please consider when selecting, that it is difficult to switch classes around for people after everyone has been placed in a class. We will place you in your second or third choice if your first selection is not available.

Session I 1:30 - 5:30 p.m.	Session II 8:00 Noon	Session III 1:30 - 5:30 p.m.	Session IV 8:00 - Noon
____A Intro. to Firearms & Firearm Safety	____I Beginning Shotgun*	____R Beginning Shotgun*	____AA Beginning Rifle*
____B Map & Compass	____J Map & Compass	____S Kayaking	____BB Field Orienteering*
____C Archery	____K GPS – The Fourth Tool	____T Field Orienteering*	____CC On-Water Fly Fishing*
____D Beginning Fly-Fishing	____L Beginning Fly-Fishing	____U Bow Hunting*	____DD Camping & Backpacking
____E Kayaking	____M Outdoor Cooking	____V On-Water Fly Fishing*	____EE River/Lake Fishing*
____F Wilderness First Aid	____N Basic Fishing	____W River/Lake Fishing*	____FF Exploring Wild CA
____G Knots to You	____O Exploring Wild CA	____X Outdoor Cooking	____GG CA Game Birds
____H Basic Fishing	____P Wilderness First Aid	____Y Camping and Backpacking	____HH Hiking with Dogs
	____Q Hiking with Dogs	____Z Knots to You	____II GPS – The Fourth Tool

* Indicates there is a prerequisite.

If you are enrolled in any firearms courses, but not enrolled in Introduction to Firearms and Firearms Safety (A), you must provide proof of completing a hunter safety course or a firearms safety training program.

☐ Please check this box if you have either of these certificates.

Special dietary or special needs that require assistance or special arrangements:

(More on reverse)

REGISTRATION FORM (continue)

Workshop fee includes all meals, sessions, program materials, and use of equipment.
Program Fee before March 21, 2003 is 200.00
Program Fee after March 21, 2003 is 210.00

Make checks payable to CalTIP-BOW along with the completed registration to:
Becoming an Outdoors Woman Program
P.O. Box 980215
West Sacramento, CA 95798-0215

☐ CARPOOL ANYONE?

If you would like to carpool to Feather River Inn from wherever you live, please check the box. You will receive a list of names and telephone numbers and then you make the contact. Make new friends, save gas & carpool.

MEDICAL HISTORY

If there is no condition, please write "none" or "N/A"

Date of Birth _____

Allergies (drugs, foods, insects, etc.) _____

Heart Disease _____

High blood pressure _____

Diabetes _____

Epilepsy _____

Recent Injury or Illnesses? _____

Medications you currently take _____

Do you wear glasses and/or contacts? _____

Any conditions which could limit your activities?
(asthma, hayfever, back problems, etc.) _____

In case of emergency, notify:

Name _____

Relationship _____

Phone (day) _____ (evening) _____

CREDIT REFUND POLICY

If you must cancel less than 14 days prior to the workshop, you will not be eligible for a refund. An alternative to losing your payment is to find a replacement. In this case, BOW does not get involved with any transfer of moneys. This is between you and the person to whom you sell your space. The new person must contact us and agree to take the classes that you chose and fill out any other required forms.

I have read and understand the Credit Refund Policy

Sign here _____ Date _____

Questions? - Call (916) 653.7748
email: outdoorswoman@dfg.ca.gov

www.dfg.ca.gov/bow/owoman.html

